

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)USE FEC MAILING LABEL
OR TYPE OR PRINTExample: If typing, type
over the lines

NorthStar Leadership PAC

ADDRESS (number and street)

PO Box 28754

☐Check if different
than previously
reported. (ACC)

St. Paul

MN

55128

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00386573

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

12

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jeff Larson

Signature of Treasurer

Electronically Filed by Jeff Larson

Date

01

31

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
NorthStar Leadership PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		39678.39
(b) Cash on Hand at Beginning of Reporting Period	15768.31	
(c) Total Receipts (from Line 19)	127740.18	342358.36
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	143508.49	382036.75
7. Total Disbursements (from Line 31)	105969.10	344497.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37539.39	37539.39
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	44278.35	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
NorthStar Leadership PAC

Report Covering the Period:

From:

M M D D Y Y W Y
0 7 0 1 2 0 0 7

To:

M M D D Y Y W Y
1 2 3 1 2 0 0 7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	58500.00	239800.00
(i) Itemized (use Schedule A)	0.00	15.00
(ii) Unitemized	58500.00	239815.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	69000.00	102000.00
(c) Other Political Committees (such as PACs)	127500.00	341815.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	2.41	2.41
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	237.77	540.95
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	127740.18	342358.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	127740.18	342358.36

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	60469.10	246497.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	60469.10	246497.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45500.00	98000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	105969.10	344497.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	105969.10	344497.36

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	127500.00	341815.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	127500.00	341815.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	60469.10	246497.36
37. Offsets to Operating Expenditures (from Line 15, page 3)	2.41	2.41
38. Net Operating Expenditures (subtract Line 37 from Line 36)	60466.69	246494.95

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 49

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)

American Society of Anesth. PAC

Mailing Address 520 N Northwest Highway

City

State

Zip Code

Park Ridge

IL

60068

FEC ID number of contributing
federal political committee.

C C00255752

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 7

Transaction ID: 80105.C765

Amount of Each Receipt this Period

2500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Emerson Electric PAC

Mailing Address 8000 W Florissant Ave

City

State

Zip Code

Saint Louis

MO

63136

FEC ID number of contributing
federal political committee.

C C00080515

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 7

Transaction ID: 80105.C761

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Federal Express PAC

Mailing Address 942 S Shady Grove Rd

City

State

Zip Code

Memphis

TN

38120

FEC ID number of contributing
federal political committee.

C C00068692

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: 80112.C771

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 49

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)

Gas PAC

Mailing Address 400 N Capital St NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00007450

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: 80105.C759

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

GlaxoSmithKline PAC

Mailing Address 1500 K St NW #650

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00199703

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: 80112.C770

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Honeywell PAC

Mailing Address 101 Constitution Ave NW Ste 500 W

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00096156

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80105.C752

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 49

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)

International Paper PAC

Mailing Address 1101 Penn Ave NW Suite 200

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C C00034405

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80105.C751

Amount of Each Receipt this Period

2500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

MWH PAC

Mailing Address 1133 21st Street NW Suite 710

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C C00242370

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: 80105.C748

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

National Restaurant Assoc. PAC

Mailing Address 1200 Seventeenth Street NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C C00003764

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80105.C754

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 49

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)

Natl. Emergency Medicine PAC

Mailing Address 2121 K Street NW Suite 325

City

Washington

State

DC

Zip Code

20037

FEC ID number of contributing
federal political committee.

C C00140061

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 80105.C750

Amount of Each Receipt this Period

2500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Qwest PAC

Mailing Address 607 14th Street NW Suite 950

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00184374

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80105.C753

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Seniors Housing PAC

Mailing Address 5100 Wisconsin Ave NW Ste 307

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C C00325332

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: 80112.C772

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 49

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)

Southern MN Beet Sugar PAC

Mailing Address PO Box 500

City

Renville

State

MN

Zip Code

56284-0500

FEC ID number of contributing
federal political committee.

C C00166348

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: 80105.C755

Amount of Each Receipt this Period

5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

United Health PAC

Mailing Address 701 Penn Ave NW Suite 530

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00274431

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 71025.C732

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

UPS PAC

Mailing Address 316 Penn Ave SE Suite 300

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C C00064766

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: 80112.C774

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 49

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)

US Bancorp PAC

Mailing Address 800 Nicollet Mall BC-MN-H210

City

Minneapolis

State

MN

Zip Code

55402

FEC ID number of contributing
federal political committee.**C** C00018036

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	7

Transaction ID: 80105.C749

Amount of Each Receipt this Period

5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

USTelecom PAC

Mailing Address 607 14th St NW Ste 400

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.**C** C00000984

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	7

Transaction ID: 80105.C756

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Wal PAC

Mailing Address 575 7th St NW

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.**C** C00093054

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	7

Transaction ID: 80112.C769

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 49

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)

Wine & Spirits PAC

Mailing Address 805 15th St NW Suite 430

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00147173

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: 80105.C757

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Xcel Energy PAC

Mailing Address 801 Penn Ave NW Suite 212

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C C00107771

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: 80112.C773

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

69000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)

Bradbury Anderson

Mailing Address 2250 W Lake of the Isles Pkwy

City State Zip Code
 Minneapolis MN 55405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Best Buy

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 1 / 2 0 0 7

Transaction ID: 80105.C763

Amount of Each Receipt this Period

5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Janet Anderson

Mailing Address 2250 W Lake of the Isles Pkwy

City State Zip Code
 Minneapolis MN 55405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 1 / 2 0 0 7

Transaction ID: 80105.C764

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Rodney Burwell

Mailing Address 1100 Millston Road

City State Zip Code
 Wayzata MN 55391

FEC ID number of contributing
federal political committee.

C

Name of Employer
Xerxes Corp.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 6 / 2 0 0 7

Transaction ID: 71025.C742

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)

Steven Chancellor

Mailing Address PO Box 5669

City

Evansville

State

IN

Zip Code

47716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black Beauty Coal

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 7

Transaction ID: 71025.C739

Amount of Each Receipt this Period

5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Terri Chancellor

Mailing Address 7700 Henze Rd

City

Evansville

State

IN

Zip Code

47720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 7

Transaction ID: 71025.C738

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Eugene Frey

Mailing Address 4101 GSBN PH2

City

Naples

State

FL

Zip Code

34103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 0 7

Transaction ID: 71025.C735

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)

Eugene Frey

Mailing Address 4101 GSBN PH2

City

Naples

State

FL

Zip Code

34103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 7

Transaction ID: 80122.C777

Amount of Each Receipt this Period

-2300.00

Reattribution Memo

[MEMO ITEM]

Reatt to spouse

B.

Full Name (Last, First, Middle Initial)

Mary Frey

Mailing Address 4101 GSBN PH2

City

Naples

State

FL

Zip Code

34103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 7

Transaction ID: 80124.C778

Amount of Each Receipt this Period

2300.00

Reattribution Memo

[MEMO ITEM]

Reatt from spouse

C.

Full Name (Last, First, Middle Initial)

Elizabeth Gorman

Mailing Address 5100 Mirror Lakes Dr

City

Edina

State

MN

Zip Code

55436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 7

Transaction ID: 80124.C779

Amount of Each Receipt this Period

5000.00

Reattribution Memo

[MEMO ITEM]

reatt from spouse

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 49

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)

Michael Gorman

Mailing Address 5100 Mirror Lakes Drive

City

Edina

State

MN

Zip Code

55436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Split Rock Partners

Occupation

Venture Capitalist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	0	7

Transaction ID: 71025.C733

Amount of Each Receipt this Period

5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Michael Gorman

Mailing Address 5100 Mirror Lakes Drive

City

Edina

State

MN

Zip Code

55436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Split Rock Partners

Occupation

Venture Capitalist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	7

Transaction ID: 80112.C776

Amount of Each Receipt this Period

-5000.00

Reattribution Memo

[MEMO ITEM]

reatt to spouse

C.

Full Name (Last, First, Middle Initial)

Karen Hubbard

Mailing Address 2289 River Rd S

City

Lakeland

State

MN

Zip Code

55043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hubbard Broadcasting

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	7

Transaction ID: 71025.C744

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)

Stanley Hubbard

Mailing Address 3415 University Ave

City

Saint Paul

State

MN

Zip Code

55114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hubbard Broadcasting

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: 71025.C743

Amount of Each Receipt this Period

5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Robert McMahon

Mailing Address 1371 Medora Road

City

Mendota Heights

State

MN

Zip Code

55118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Target Corp.

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 7

Transaction ID: 80105.C762

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Donald Oren

Mailing Address 3105 Sandy Hook Dr

City

Roseville

State

MN

Zip Code

55113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dart Transit

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 7

Transaction ID: 71025.C741

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)

Clyde Slease

Mailing Address 1620 L St NW Ste 1210

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doepken Keevican Weiss

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 7

Transaction ID: 80105.C760

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Morongo Tribe

Mailing Address Chairman Maurice Lyons
PO Box 366

City

Cabazon

State

CA

Zip Code

92230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tribe

Occupation
Tribal Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: 80105.C758

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

58500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 49

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)

Park Midway Bank

Mailing Address 2265 Como Ave

City

Saint Paul

State

MN

Zip Code

55108-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

349.61

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 71025.C736

Amount of Each Receipt this Period

46.43

Interest Received

B.

Full Name (Last, First, Middle Initial)

Park Midway Bank

Mailing Address 2265 Como Ave

City

Saint Paul

State

MN

Zip Code

55108-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

378.91

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 71025.C745

Amount of Each Receipt this Period

29.30

Interest Received

C.

Full Name (Last, First, Middle Initial)

Park Midway Bank

Mailing Address 2265 Como Ave

City

Saint Paul

State

MN

Zip Code

55108-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

417.28

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 7

Transaction ID: 71025.C746

Amount of Each Receipt this Period

38.37

Interest Received

SUBTOTAL of Receipts This Page (optional)

114.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 49

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)

Park Midway Bank

Mailing Address 2265 Como Ave

City

Saint Paul

State

MN

Zip Code

55108-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

448.68

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: 80105.C766

Amount of Each Receipt this Period

31.40

Interest Received

B.

Full Name (Last, First, Middle Initial)

Park Midway Bank

Mailing Address 2265 Como Ave

City

Saint Paul

State

MN

Zip Code

55108-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

475.55

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 80105.C768

Amount of Each Receipt this Period

26.87

Interest Received

C.

Full Name (Last, First, Middle Initial)

Park Midway Bank

Mailing Address 2265 Como Ave

City

Saint Paul

State

MN

Zip Code

55108-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

540.95

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: 80112.C775

Amount of Each Receipt this Period

65.40

Interest Received

SUBTOTAL of Receipts This Page (optional)

123.67

TOTAL This Period (last page this line number only)

237.77

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)

3 Dog Consulting

Mailing Address 104 E Hume Ave

City Alexandria State VA Zip Code 22301-

Purpose of Disbursement
See Below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70716.E1408

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3160.12

SEE BELOW

B.

Full Name (Last, First, Middle Initial)

3 Dog Consulting

Mailing Address 104 E Hume Ave

City Alexandria State VA Zip Code 22301-

Purpose of Disbursement
PAC Fundraising Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70716.E1409

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

MEMO: PAC FUNDRAISING FEE

C.

Full Name (Last, First, Middle Initial)

3 Dog Consulting

Mailing Address 104 E Hume Ave

City Alexandria State VA Zip Code 22301-

Purpose of Disbursement
PAC Fundraising Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70716.E1410

Date of Disbursement

/ /

Amount of Each Disbursement this Period

660.12

[MEMO ITEM]

MEMO: PAC FUNDRAISING EXP-
ENSE

SUBTOTAL of Disbursements This Page (optional)

3160.12

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A. Full Name (Last, First, Middle Initial) Bellwether Consulting	Transaction ID: 70716.E1412 Date of Disbursement
Mailing Address 1775 I St NW Ste 700	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 0 7</div> </div>
City Washington State DC Zip Code 20006- Purpose of Disbursement PAC Fundraising Fee Candidate Name	Amount of Each Disbursement this Period <div>1000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAC FUNDRAISING FEE
B. Full Name (Last, First, Middle Initial) Bellwether Consulting	Transaction ID: 71025.E1433 Date of Disbursement
Mailing Address 1775 I St NW Ste 700	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 7</div> </div>
City Washington State DC Zip Code 20006- Purpose of Disbursement PAC Fundraising Fee Candidate Name	Amount of Each Disbursement this Period <div>1000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAC FUNDRAISING FEE
C. Full Name (Last, First, Middle Initial) Bellwether Consulting	Transaction ID: 71025.E1441 Date of Disbursement
Mailing Address 1775 I St NW Ste 700	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 0 / 2 0 0 7</div> </div>
City Washington State DC Zip Code 20006- Purpose of Disbursement PAC Fundraising Expenses Candidate Name	Amount of Each Disbursement this Period <div>44.40</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAC FUNDRAISING EXPENSES

SUBTOTAL of Disbursements This Page (optional)

2044.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A. Full Name (Last, First, Middle Initial) Bellwether Consulting	Transaction ID: 80105.E1473 Date of Disbursement																				
Mailing Address 1775 I St NW Ste 700	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	9		2	0	0	7												
<table border="1"> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20006-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PAC Fundraising Fee</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Washington	State DC	Zip Code 20006-	Purpose of Disbursement PAC Fundraising Fee		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00											
City Washington	State DC	Zip Code 20006-																			
Purpose of Disbursement PAC Fundraising Fee		<input type="text"/> Category/ Type																			
Candidate Name																					
2000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAC FUNDRAISING FEE																				
B. Full Name (Last, First, Middle Initial) Bellwether Consulting	Transaction ID: 80105.E1477 Date of Disbursement																				
Mailing Address 1775 I St NW Ste 700	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	8		2	0	0	7												
<table border="1"> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20006-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PAC Fundraising expenses</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Washington	State DC	Zip Code 20006-	Purpose of Disbursement PAC Fundraising expenses		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>3133.76</td> </tr> </table>	3133.76											
City Washington	State DC	Zip Code 20006-																			
Purpose of Disbursement PAC Fundraising expenses		<input type="text"/> Category/ Type																			
Candidate Name																					
3133.76																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAC FUNDRAISING EXPENSES																				
C. Full Name (Last, First, Middle Initial) Elan Services - VISA	Transaction ID: 71025.E1432 Date of Disbursement																				
Mailing Address PO Box 790408	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	1		2	0	0	7												
<table border="1"> <tr> <td>City Saint Louis</td> <td>State MO</td> <td>Zip Code 63179-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement CC Processing Fees</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Saint Louis	State MO	Zip Code 63179-	Purpose of Disbursement CC Processing Fees		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>5.10</td> </tr> </table>	5.10											
City Saint Louis	State MO	Zip Code 63179-																			
Purpose of Disbursement CC Processing Fees		<input type="text"/> Category/ Type																			
Candidate Name																					
5.10																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ CC PROCESSING FEES																				

SUBTOTAL of Disbursements This Page (optional)

5138.86

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A. Full Name (Last, First, Middle Initial) Elan Services - VISA Mailing Address PO Box 790408	Transaction ID: 70716.E1413 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 0 7</div> </div>
City Saint Louis State MO Zip Code 63179- Purpose of Disbursement Annual Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>110.00</div> ANNUAL CARD FEES
B. Full Name (Last, First, Middle Initial) Elan Services - VISA Mailing Address PO Box 790408 City Saint Louis State MO Zip Code 63179- Purpose of Disbursement CC Processing Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71025.E1437 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 7 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>5.00</div> CC PROCESSING FEES
C. Full Name (Last, First, Middle Initial) Elan Services - VISA Mailing Address PO Box 790408 City Saint Louis State MO Zip Code 63179- Purpose of Disbursement Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71025.E1439 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 7 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>39.00</div> SERVICE CHARGE

SUBTOTAL of Disbursements This Page (optional) ►

154.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A. Full Name (Last, First, Middle Initial) Elan Services - VISA	Transaction ID: 71025.E1451 Date of Disbursement
Mailing Address PO Box 790408	<div> <div>10</div> <div>05</div> <div>2007</div> </div>
City Saint Louis State MO Zip Code 63179-	Amount of Each Disbursement this Period
Purpose of Disbursement CC Processing Fee	<div>5.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
CC PROCESSING FEE	
B. Full Name (Last, First, Middle Initial) Elan Services - VISA	Transaction ID: 80105.E1454 Date of Disbursement
Mailing Address PO Box 790408	<div> <div>10</div> <div>25</div> <div>2007</div> </div>
City Saint Louis State MO Zip Code 63179-	Amount of Each Disbursement this Period
Purpose of Disbursement CC Payment: See Below	<div>4722.38</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
CC PAYMENT: SEE BELOW	
C. Full Name (Last, First, Middle Initial) Aarcee Party Rental	Transaction ID: 80105.E1458 Date of Disbursement
Mailing Address 5300 W. 35th Street	<div> <div>10</div> <div>25</div> <div>2007</div> </div>
City Minneapolis State MN Zip Code 55417-	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising Event: Supplies	<div>355.46</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM] MEMO: FUNDRAISING EVENT: SUPPLIES	

SUBTOTAL of Disbursements This Page (optional)

4727.38

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)
Bellanotte

Mailing Address 600 Hennepin Ave

City Minneapolis State MN Zip Code 55403-

Purpose of Disbursement
Fundraising Dinner

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80112.E1486

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

963.24

[MEMO ITEM]

MEMO: FUNDRAISING DINNER

B.

Full Name (Last, First, Middle Initial)
Crate & Barrel

Mailing Address 915 Nicollet Mall

City Minneapolis State MN Zip Code 55402-

Purpose of Disbursement
Fundraising Event: Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80105.E1456

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

318.61

[MEMO ITEM]

MEMO: FUNDRAISING EVENT:
SUPPLIES

C.

Full Name (Last, First, Middle Initial)
Elan Services - VISA

Mailing Address PO Box 790408

City Saint Louis State MO Zip Code 63179-

Purpose of Disbursement
finance charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80105.E1455

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

89.41

[MEMO ITEM]

MEMO: FINANCE CHARGES

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)
Elan Services - VISA

Mailing Address PO Box 790408

City State Zip Code
Saint Louis MO 63179-

Purpose of Disbursement
CC fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80105.E1462

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

46.87

[MEMO ITEM]

MEMO: CC FEES

B.

Full Name (Last, First, Middle Initial)
Gracious Gifts

Mailing Address 7260 Washington Ave S

City State Zip Code
Eden Prairie MN 55344-

Purpose of Disbursement
Fundraising Event - Gifts

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80105.E1460

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

155.16

[MEMO ITEM]

MEMO: FUNDRAISING EVENT - GIFTS

C.

Full Name (Last, First, Middle Initial)
Hire A Host

Mailing Address

City State Zip Code

Purpose of Disbursement
Fundraising Event: emcee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80105.E1461

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

610.00

[MEMO ITEM]

MEMO: FUNDRAISING EVENT: EMCEE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)
Northwest Airlines

Mailing Address 70 E 6th Street

City Chaska State MN Zip Code 55318-

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80112.E1487

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

1203.41

[MEMO ITEM]

MEMO: AIRFARE

B.

Full Name (Last, First, Middle Initial)
Thomas Liquors

Mailing Address 1941 Grand Ave

City Saint Paul State MN Zip Code 55105-

Purpose of Disbursement
Fundraising Event

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80112.E1489

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

323.64

[MEMO ITEM]

MEMO: FUNDRAISING EVENT

C.

Full Name (Last, First, Middle Initial)
Zelo

Mailing Address 831 Nicollet Mall

City Minneapolis State MN Zip Code 55402-

Purpose of Disbursement
Political Meeting - Food

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80112.E1485

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

530.73

[MEMO ITEM]

MEMO: POLITICAL MEETING -
FOOD

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)
Elan Services - VISA

Mailing Address PO Box 790408

City State Zip Code
Saint Louis MO 63179-

Purpose of Disbursement
CC Payment: See Below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80105.E1474

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1369.71

CC PAYMENT: SEE BELOW

B.

Full Name (Last, First, Middle Initial)
Aarcee Party Rental

Mailing Address 5300 W. 35th Street

City State Zip Code
Minneapolis MN 55417-

Purpose of Disbursement
Tent Rental - Fundraising Event

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80112.E1484

Date of Disbursement

/ /

Amount of Each Disbursement this Period

96.05

[MEMO ITEM]

MEMO: TENT RENTAL - FUNDRAISING EVENT

C.

Full Name (Last, First, Middle Initial)
Northwest Airlines

Mailing Address 70 E 6th Street

City State Zip Code
Chaska MN 55318-

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80112.E1482

Date of Disbursement

/ /

Amount of Each Disbursement this Period

472.41

[MEMO ITEM]

MEMO: AIRFARE

SUBTOTAL of Disbursements This Page (optional)

1369.71

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)

Skyway Tent Rental

Mailing Address 1809 East Hennepin Ave

City State Zip Code
Minneapolis MN 55413-

Purpose of Disbursement
Tent rental -fundraising event

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80112.E1483

Date of Disbursement

/ /

Amount of Each Disbursement this Period

806.25

[MEMO ITEM]

MEMO: TENT RENTAL -FUNDRAISING EVENT

B.

Full Name (Last, First, Middle Initial)

FedEx Kinkos

Mailing Address 8300 City Centre Drive

City State Zip Code
Woodbury MN 55125-

Purpose of Disbursement
Delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70716.E1414

Date of Disbursement

/ /

Amount of Each Disbursement this Period

34.75

DELIVERY

C.

Full Name (Last, First, Middle Initial)

FedEx Kinkos

Mailing Address 8300 City Centre Drive

City State Zip Code
Woodbury MN 55125-

Purpose of Disbursement
Delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71025.E1438

Date of Disbursement

/ /

Amount of Each Disbursement this Period

58.45

DELIVERY

SUBTOTAL of Disbursements This Page (optional)

93.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A. Full Name (Last, First, Middle Initial) FedEx Kinkos	Transaction ID: 80105.E1465 Date of Disbursement
Mailing Address 8300 City Centre Drive	<div> <div>10</div> <div>25</div> <div>2007</div> </div>
City Woodbury State MN Zip Code 55125-	Amount of Each Disbursement this Period
Purpose of Disbursement Delivery	<div>144.47</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	DELIVERY
B. Full Name (Last, First, Middle Initial) FedEx Kinkos	Transaction ID: 80112.E1491 Date of Disbursement
Mailing Address 8300 City Centre Drive	<div> <div>12</div> <div>27</div> <div>2007</div> </div>
City Woodbury State MN Zip Code 55125-	Amount of Each Disbursement this Period
Purpose of Disbursement Delivery	<div>24.74</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	DELIVERY
C. Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: 70716.E1415 Date of Disbursement
Mailing Address 7300 Hudson Blvd. Suite 270	<div> <div>07</div> <div>12</div> <div>2007</div> </div>
City Saint Paul State MN Zip Code 55128-	Amount of Each Disbursement this Period
Purpose of Disbursement PAC Mgmt Fee inc.sal & rent	<div>3500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	PAC MGMT FEE INC.SAL & RE-NT

SUBTOTAL of Disbursements This Page (optional)

3669.21

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A. Full Name (Last, First, Middle Initial) Sarah Hazen	Transaction ID: 71025.E1435 Date of Disbursement																				
Mailing Address 1484 Canfield	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	0	7												
City Saint Paul State MN Zip Code 55108-	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Administrative Consultant Fee	<table border="1"> <tr> <td colspan="10">200.00</td> </tr> </table>	200.00																			
200.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAC ADMINISTRATIVE CONSUL- TANT FEE																				
B. Full Name (Last, First, Middle Initial) Sarah Hazen	Transaction ID: 80105.E1470 Date of Disbursement																				
Mailing Address 1484 Canfield	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	5		2	0	0	7												
City Saint Paul State MN Zip Code 55108-	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Administrative Consultant	<table border="1"> <tr> <td colspan="10">240.00</td> </tr> </table>	240.00																			
240.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAC ADMINISTRATIVE CONSUL- TANT																				
C. Full Name (Last, First, Middle Initial) Elizabeth Maruggi	Transaction ID: 71025.E1453 Date of Disbursement																				
Mailing Address 660 Howell Street S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	0	7												
City Saint Paul State MN Zip Code 55116-	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Fundraising Consultant Fee	<table border="1"> <tr> <td colspan="10">1250.00</td> </tr> </table>	1250.00																			
1250.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAC FUNDRAISING CONSULTANT FEE																				

SUBTOTAL of Disbursements This Page (optional)

1690.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)
Elizabeth Maruggi

Mailing Address 660 Howell Street S

City Saint Paul State MN Zip Code 55116-

Purpose of Disbursement
PAC Fundraising Consultant

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80105.E1467

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1250.00

PAC FUNDRAISING CONSULTANT

B.

Full Name (Last, First, Middle Initial)
mCapitol Management

Mailing Address 175 W Jackson Blvd FI 1900

City Chicago State IL Zip Code 60604-

Purpose of Disbursement
PAC Fundraising Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80112.E1492

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC FUNDRAISING FEE

C.

Full Name (Last, First, Middle Initial)
McGill Consulting, LLC

Mailing Address 840 Linwood Ave

City Saint Paul State MN Zip Code 55105-

Purpose of Disbursement
PAC Fundraising Consultant

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70716.E1411

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

PAC FUNDRAISING CONSULTANT

SUBTOTAL of Disbursements This Page (optional)

8750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)

Richard Nelson

Mailing Address 1975 Portland Ave

City
Saint Paul

State
MN

Zip Code
55104-

Purpose of Disbursement
PAC Fundraising Consultant Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 71025.E1434

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC FUNDRAISING COSULTANT FEE

B.

Full Name (Last, First, Middle Initial)

Richard Nelson

Mailing Address 1975 Portland Ave

City
Saint Paul

State
MN

Zip Code
55104-

Purpose of Disbursement
PAC Fundraising Consultant Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 71025.E1443

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC FUNDRAISING CONSULTANT FEE

C.

Full Name (Last, First, Middle Initial)

Richard Nelson

Mailing Address 1975 Portland Ave

City
Saint Paul

State
MN

Zip Code
55104-

Purpose of Disbursement
PAC Fundraising Consultant

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80105.E1469

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC FUNDRAISING CONSULTANT

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)

Richard Nelson

Mailing Address 1975 Portland Ave

City
Saint Paul

State
MN

Zip Code
55104-

Purpose of Disbursement
PAC Fundraising Consultant

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80105.E1475

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC FUNDRAISING CONSULTANT

B.

Full Name (Last, First, Middle Initial)

Richard Nelson

Mailing Address 1975 Portland Ave

City
Saint Paul

State
MN

Zip Code
55104-

Purpose of Disbursement
PAC Fundraising Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80112.E1495

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC FUNDRAISING FEE

C.

Full Name (Last, First, Middle Initial)

Park Midway Bank

Mailing Address 2265 Como Ave

City
Saint Paul

State
MN

Zip Code
55108-

Purpose of Disbursement
Bank Service Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 71025.E1436

Date of Disbursement

/ /

Amount of Each Disbursement this Period

21.98

BANK SERVICE CHARGES

SUBTOTAL of Disbursements This Page (optional)

10021.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A. Full Name (Last, First, Middle Initial) Park Midway Bank	Transaction ID: 80105.E1481 Date of Disbursement																				
Mailing Address 2265 Como Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	0	7												
City Saint Paul State MN Zip Code 55108-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charge Candidate Name	<table border="1"> <tr> <td colspan="10">18.68</td> </tr> </table>	18.68																			
18.68																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	BANK SERVICE CHARGE																				
B. Full Name (Last, First, Middle Initial) Park Midway Bank	Transaction ID: 80105.E1463 Date of Disbursement																				
Mailing Address 2265 Como Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	7												
City Saint Paul State MN Zip Code 55108-	Amount of Each Disbursement this Period																				
Purpose of Disbursement CC Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">5.00</td> </tr> </table>	5.00																			
5.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	CC PROCESSING FEE																				
C. Full Name (Last, First, Middle Initial) Park Midway Bank	Transaction ID: 71025.E1450 Date of Disbursement																				
Mailing Address 2265 Como Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	7												
City Saint Paul State MN Zip Code 55108-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charge Candidate Name	<table border="1"> <tr> <td colspan="10">27.05</td> </tr> </table>	27.05																			
27.05																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	BANK SERVICE CHARGE																				

SUBTOTAL of Disbursements This Page (optional)

50.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A. Full Name (Last, First, Middle Initial) Park Midway Bank	Transaction ID: 80105.E1471 Date of Disbursement
Mailing Address 2265 Como Ave	<div> <div>10</div> <div>31</div> <div>2007</div> </div>
City Saint Paul State MN Zip Code 55108-	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Service Charge Candidate Name	<div>26.12</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	BANK SERVICE CHARGE
B. Full Name (Last, First, Middle Initial) Park Midway Bank	Transaction ID: 80105.E1476 Date of Disbursement
Mailing Address 2265 Como Ave	<div> <div>11</div> <div>30</div> <div>2007</div> </div>
City Saint Paul State MN Zip Code 55108-	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Service Charge Candidate Name	<div>260.36</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	BANK SERVICE CHARGE
C. Full Name (Last, First, Middle Initial) Park Midway Bank	Transaction ID: 80112.E1493 Date of Disbursement
Mailing Address 2265 Como Ave	<div> <div>12</div> <div>27</div> <div>2007</div> </div>
City Saint Paul State MN Zip Code 55108-	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Service Charge Candidate Name	<div>53.54</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	BANK SERVICE CHARGE

SUBTOTAL of Disbursements This Page (optional)

340.02

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)
Park Midway Bank

Mailing Address 2265 Como Ave

City Saint Paul State MN Zip Code 55108-

Purpose of Disbursement
Bank Service Charge
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80112.E1494
Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

27.71

BANK SERVICE CHARGE

B.

Full Name (Last, First, Middle Initial)
Patton Boggs, LLP

Mailing Address 2550 M Street NW

City Washington State DC Zip Code 20037-

Purpose of Disbursement
Legal Fees
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 71025.E1442
Date of Disbursement

09 / 10 / 2007

Amount of Each Disbursement this Period

1336.29

LEGAL FEES

C.

Full Name (Last, First, Middle Initial)
UniSource Direct

Mailing Address 7 N Pinckney St Ste 225D

City Madison State WI Zip Code 53703-4260

Purpose of Disbursement
Direct Mail
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 71025.E1444
Date of Disbursement

09 / 10 / 2007

Amount of Each Disbursement this Period

2500.00

DIRECT MAIL

SUBTOTAL of Disbursements This Page (optional)

3864.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)
US Postmaster

Mailing Address 316 Robert Street North

City State Zip Code
Saint Paul MN 55101-

Purpose of Disbursement
Bulk Rate Permit Renewal

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 71025.E1440

Date of Disbursement

/ /

Amount of Each Disbursement this Period

175.00

BULK RATE PERMIT RENEWAL

B.

Full Name (Last, First, Middle Initial)
US Postmaster

Mailing Address 316 Robert Street North

City State Zip Code
Saint Paul MN 55101-

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80105.E1472

Date of Disbursement

/ /

Amount of Each Disbursement this Period

41.80

POSTAGE

SUBTOTAL of Disbursements This Page (optional)

216.80

TOTAL This Period (last page this line number only)

60290.41

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A. Full Name (Last, First, Middle Initial)
Alexander for Senate Committee

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
LAMAR ALEXANDER

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: 71025.E1446

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Chambliss for Senate Committee

Mailing Address PO Box 12469

City Atlanta State GA Zip Code 30355-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
SAXBY CHAMBLISS

Office Sought: ☐ House
☒ Senate
☐ President

State: GA District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: 71025.E1449

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Collins for Senator

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
SUSAN M COLLINS

Office Sought: ☐ House
☒ Senate
☐ President

State: ME District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: 71025.E1447

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A. Full Name (Last, First, Middle Initial)
Friends of John Barrasso Committee

Mailing Address 6896 Casper Mountain Rd

City State Zip Code
Casper WY 82601-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71025.E1445

Date of Disbursement

M M / D D / Y Y Y Y
09 26 2007

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Friends of Paulsen Committee

Mailing Address PO BOX 44369

City State Zip Code
Eden Prairie MN 55344-

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80105.E1480

Date of Disbursement

M M / D D / Y Y Y Y
12 20 2007

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
Jim Gilmore for Senate Committee

Mailing Address 631 S Washington St

City State Zip Code
Alexandria VA 22314-

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80105.E1478

Date of Disbursement

M M / D D / Y Y Y Y
12 18 2007

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A. Full Name (Last, First, Middle Initial)
Latham for Congress Committee

Mailing Address PO Box 71

City State Zip Code
Clarion IA 50525-

Purpose of Disbursement

Candidate Name
THOMAS P. LATHAM

Office Sought: ☒ House
☐ Senate
☐ President

State: IA District: 04

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80105.E1466

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Natl. Republican Senatorial Committee

Mailing Address 425 2nd Street NE

City State Zip Code
Washington DC 20002-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 71025.E1448

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Pat Roberts Committee

Mailing Address PO Box 433

City State Zip Code
Great Bend KS 67530-

Purpose of Disbursement

Candidate Name
PAT ROBERTS

Office Sought: ☐ House
☒ Senate
☐ President

State: KS District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80105.E1479

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

13500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

A.

Full Name (Last, First, Middle Initial)

Republican National Committee

Mailing Address 310 First Street SE

City
Washington

State
DC

Zip Code
20003-

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80105.E1468

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

45500.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
FLS ConnectNature of Debt (Purpose):
IT Support

Mailing Address 7300 Hudson Blvd. Suite 270

City State ZIP Code
Saint Paul MN 55128-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80112.E1503

Amount Incurred This Period

1349.37

Payment This Period

0.00

Outstanding Balance at Close of This Period

1349.37

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
FLS ConnectNature of Debt (Purpose):
PAC Mgmt Fee

Mailing Address 7300 Hudson Blvd. Suite 270

City State ZIP Code
Saint Paul MN 55128-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80112.E1507

Amount Incurred This Period

2500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
FLS ConnectNature of Debt (Purpose):
PAC Mgmt Fee

Mailing Address 7300 Hudson Blvd. Suite 270

City State ZIP Code
Saint Paul MN 55128-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80112.E1506

Amount Incurred This Period

3500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3500.00

1) SUBTOTALS This Period This Page (optional).....

7349.37

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 45 / 49

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
FLS Connect

Nature of Debt (Purpose):
PAC Mgmt Fee

Mailing Address 7300 Hudson Blvd. Suite 270

City	State	ZIP Code
Saint Paul	MN	55128-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80112.E1508

Amount Incurred This Period

3500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
FLS Connect

Nature of Debt (Purpose):
PAC Mgmt Fee

Mailing Address 7300 Hudson Blvd. Suite 270

City	State	ZIP Code
Saint Paul	MN	55128-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80112.E1510

Amount Incurred This Period

6000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
FLS Connect

Nature of Debt (Purpose):
PAC Mgmt Fee

Mailing Address 7300 Hudson Blvd. Suite 270

City	State	ZIP Code
Saint Paul	MN	55128-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80112.E1501

Amount Incurred This Period

6000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6000.00

1) **SUBTOTALS** This Period This Page (optional).....

15500.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
FLS ConnectNature of Debt (Purpose):
PAC Mgmt Fee

Mailing Address 7300 Hudson Blvd. Suite 270

City State ZIP Code
Saint Paul MN 55128-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80112.E1499

Amount Incurred This Period

6000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
FLS ConnectNature of Debt (Purpose):
PAC Mgmt Fee

Mailing Address 7300 Hudson Blvd. Suite 270

City State ZIP Code
Saint Paul MN 55128-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80112.E1497

Amount Incurred This Period

6000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
FLS ConnectNature of Debt (Purpose):
PAC Mgmt Fee

Mailing Address 7300 Hudson Blvd. Suite 270

City State ZIP Code
Saint Paul MN 55128-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80112.E1504

Amount Incurred This Period

3500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3500.00

1) SUBTOTALS This Period This Page (optional).....

15500.00

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
FLS ConnectNature of Debt (Purpose):
PAC Mgmt Fee

Mailing Address 7300 Hudson Blvd. Suite 270

City State ZIP Code
Saint Paul MN 55128-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80112.E1509

Amount Incurred This Period

2500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Patton Boggs, LLPNature of Debt (Purpose):
Legal Fees

Mailing Address 2550 M Street NW

City State ZIP Code
Washington DC 20037-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80112.E1505

Amount Incurred This Period

1690.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1690.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Patton Boggs, LLPNature of Debt (Purpose):
Legal Fees

Mailing Address 2550 M Street NW

City State ZIP Code
Washington DC 20037-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80112.E1512

Amount Incurred This Period

4.74

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.74

1) SUBTOTALS This Period This Page (optional).....

4194.74

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Patton Boggs, LLPNature of Debt (Purpose):
Legal Fees

Mailing Address 2550 M Street NW

City State ZIP Code
Washington DC 20037-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80112.E1502

Amount Incurred This Period

276.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

276.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Patton Boggs, LLPNature of Debt (Purpose):
Legal Fees

Mailing Address 2550 M Street NW

City State ZIP Code
Washington DC 20037-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80112.E1498

Amount Incurred This Period

5.15

Payment This Period

0.00

Outstanding Balance at Close of This Period

5.15

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Patton Boggs, LLPNature of Debt (Purpose):
Legal Fees

Mailing Address 2550 M Street NW

City State ZIP Code
Washington DC 20037-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80112.E1511

Amount Incurred This Period

222.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

222.50

1) SUBTOTALS This Period This Page (optional).....

504.40

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
NorthStar Leadership PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Elizabeth MaruggiNature of Debt (Purpose):
PAC Fundraising Expense

Mailing Address 660 Howell Street S

City State ZIP Code
Saint Paul MN 55116-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80112.E1500

Amount Incurred This Period

625.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

625.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UniSource DirectNature of Debt (Purpose):
Direct Mail

Mailing Address 7 N Pinckney St Ste 225D

City State ZIP Code
Madison WI 53703-4260

Outstanding Balance Beginning This Period

3104.84

Transaction ID: LS71025.E1444

Amount Incurred This Period

0.00

Payment This Period

2500.00

Outstanding Balance at Close of This Period

604.84

1) **SUBTOTALS** This Period This Page (optional).....

1229.84

2) **TOTALS** This Period (last page this line number only).....

44278.35

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

44278.35